

ANTIOCH UNIFIED SCHOOL DISTRICT
510 G Street
 Antioch, California 94509

OFFICE USE ONLY	
Date Received:	_____
Received by:	_____
Log No.:	_____
Response Due:	_____
Date Mailed:	_____

UNIFORM COMPLAINT PROCEDURE FORM

Please complete the following form if there is a complaint or charge against any school site, program, office or school district employee. Submit this complaint form to the Associate Superintendent, 510 G Street, Antioch, CA 94509; Telephone (925) 779-7500 for assistance with completing the form. The District will issue a written decision within 60 days.

TO: Associate Superintendent
 510 G Street
 Antioch, CA 94509

FROM _____

Parent/Guardian Name(s)	Student Name(s)	
Address	Student's Grade Level	Student's School
Telephone Number(s)		

Name of school, program or office or name of employee and job location against whom charge or complaint was directed:

* A copy of the written complaint against an employee will be provided to the employee, except for sexual harassment and discrimination complaints.

Nature of complaint (attach additional pages if necessary):

Circle or place a check next to the kind of complaint you are presenting:

- | | | |
|--|--|--|
| <p>Program:</p> <ul style="list-style-type: none"> Accommodations for Pregnant and Parenting Adult Education After School Education & Safety Agricultural Career Technical Education Career Tech, Tech Ed & Career, Tech Training Programs Child Care and Development Programs Compensatory Education Consolidated Categorical Aid Programs Course Periods without Educational Content Regional Occupational Centers/Programs Every Child Succeeds Act Local Contraol and Accountiability Plans (LCAP) Migrant Education School Plans for Student Achievement School Safety Plans Schoolsite Councils | <p>and/or:</p> <ul style="list-style-type: none"> Discrimination Harassment Intimidation Bullying <p>on the basis of:</p> <ul style="list-style-type: none"> Age Ancestry and/or national origin Color Ethnic group identification Gender Immigration status Marital status Physical/mental disability Race Religion | <p>and/or: Other</p> <ul style="list-style-type: none"> Educational and Grad. requirements for students in foster, homeless, military, formerly in juvenile court Course assignments (High School) Student suspensions Local Control Funding Formula (LCFF) Physical Ed instructional minutes (Elementary) Student expulsion Student fees, deposits, or charges Reasonable accommodations for Lactating Student Williams Complaints: (specify) Emergency/urgent school facilities Insufficient textbooks/ instructional materials Teacher vacancy/misassignment |
|--|--|--|

State Preschool
State Preschool Health and Safety Issues in Local Agencies Exempt from Licensing
When did event(s) occur? Date(s): _____

Sex
Sexual harassment
Sexual orientation

Other _____

Has charge or complaint been discussed with the school principal, employee or his/her supervisor?

To whom have you spoken? (Write name(s) in spaces provided.)

___ District Office Staff	_____	Date: _____
___ Principal:	_____	Date: _____
___ Assistant Principal:	_____	Date: _____
___ Counselor:	_____	Date: _____
___ Teacher:	_____	Date: _____
___ Supervisor:	_____	Date: _____
___ Staff Member:	_____	Date: _____

What was the result of the discussion?

MEDIATION: I have been offered and _____ (accept/reject) an opportunity for mediation for this complaint.

If you desire a remedy or wish the District to take a particular course of action, please specify:

I understand that the District will maintain this information confidential, to the extent provided by law or collective bargaining agreement; that I will be protected from retaliation for filing this complaint; that the District may request further information about this matter; and if such information is available, I agree to present it upon request.

I believe that the foregoing is true and correct.

Signature

Date